

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

JUL 26 2005

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>4126</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Kurt</u> <u>E</u> <u>Dierkes</u> P.O. Box, Bldg., Room No., if any Street <u>2121 Longview Drive</u> City <u>Arnold</u> State <u>Missouri</u> ZIP Code + 4 <u>63010</u>	4. Name, file number, and address of labor organization. Name <u>Cement Masons Union Local #527</u> Labor Organization File Number <u>011-759</u> P.O. Box, Building and Room Number, if any Street <u>3341 Hollenberg Drive</u> City <u>Bridgeton</u> State <u>Missouri</u> ZIP Code + 4 <u>63044</u>
5. Position in labor organization. <u>Financial Secretary</u>	


Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u>N / A</u> Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. <u>N / A</u> 7.b. Amount. <u>\$0</u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents); has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed:



On

7/19/05

Date

314-739-1129

Telephone Number

Name of Person Filing Kurt Dierkes

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name N / A

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

9. Business deals with:

- ☐ a. Labor Organization
- ☐ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name N / A

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

N / A

11.b. Approximate dollar value of such dealing.

\$0

12.a. Nature of interest held or income received.

N / A

12.b. Amount.

\$0

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Group Health Plan

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 400

Street 111 Corporate Office Drive

City Earth City

State Missouri ZIP Code + 4 63045

14.a. Nature of payment.

9/2/2004

2 Club Room St.Louis Cardinal Baseball Tickets and Food

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

\$196

Name of Person Filing Kurt Dierkes	File Number U-
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Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name <input type="text" value="The Commerce Trust Company"/> Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text" value="8000 Forsyth Boulevard"/> City <input type="text" value="St. Louis"/> State <input type="text" value="Missouri"/> ZIP Code + 4 <input type="text" value="63105"/>	14.a. Nature of payment. <div style="border: 1px solid black; padding: 5px;"> 4/28/2004 2 Club Room St. Louis Cardinal Baseball Tickets, Food and Plaque </div>
13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. <input type="text" value="\$217"/>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name <input type="text"/> Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	14.a. Nature of payment. <div style="border: 1px solid black; height: 150px;"></div>
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. <input type="text"/>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name <input type="text"/> Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	14.a. Nature of payment. <div style="border: 1px solid black; height: 150px;"></div>
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. <input type="text"/>